

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

101.222,3010

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

. Corporate ID No. 104522	2. Name of Corporation ACM RESTAURANT INC.						
. Street Address Principal Business C	Office		Gity	State	Zip		
770-772 Hope St	reet		Providence	RI	02906		
Business Phone No		5. State of Incorporation RHODE ISLAND			6. SIC Gode		
459-6735 Brief 176 OWN WING OPERAT	of the star on the start						
NAMES AND ADDRESSES (Sident Name Athanasios Meli	OF THE OFFIC		TACHMENT) [] FILL IN SP. Vice President Name None	ACES BEFORE USING	ATTACHMENTS		
net Address			Street Address				
180 Second Stre	eet			 -			
iţy	State	Zip	City	State	Zip		
East Providence	₽] RI	02914					
cretary Name	. 1		Treasurer Name Athanasios Me	alteakoe			
Athanasios Meli	tsakos		: Street Address	ELLSAKUS			
	204		180 Second St	treet			
180 Second Stre	State	ZIp	: City	State	Zip		
East Providence		02914	East Providence	RI	02914		
NAMES AND ADDRESSES		1	TTACHMENT) FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS		
rector Name	•		Director Name				
Athanasios Mel	tsakos		None				
vet Address			Street Address				
180 Second Str	eet	·					
ty.	State	ZIp	City	State	Zip		
East Providenc	e RI	J 02914	•		. 		
trector Name			Director Name				
None			None				
reet Address			Street Address				
th:	State	Zip	- City	State	Zip		
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O. SHARES AUTHORIZED UTHORIZED SHARES	 ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ("X	C BOX FOR ATTACH	MENT) [
umber of Shares	Class Series	Par Value	Number of Shares	ClassiSeries	Par Value		
1,000 NO PAR VALUE			200	Common	No Par Valu		
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lins report must be	signed in ink oy 		President, Secretary, Assistant	Secretary, Treasurer, r	veceives of Trustee		
	•10	4522°		ry, I declare and affirm th			
File Date 2-18			contained herein are to	anying schedules and state ue and correct.	2/16		
1.1.0	~		Signature of Officer		Date		
Theck No	12	_		leltsakos, Pres			
);:	3	_	Print or Type Name of C	Micer	· <u></u>		
FOR SECRETARY OF STATE USE ONLY			resident				
POR SPURP LARY UP ST	ADVINE CINE						

Title of Officer



STATE OF RHODE [SLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

Matthew A. Broten, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 104522 **ACM RESTAURANT INC.** 3 Street Address Principal Business Office 7.Ip State 770-772 Hope Street Providence RΙ 02906 4. Business Phone No. 6. SIC Code 5. State of Incorporation (401) 459-6735 0 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A RESTAURANT. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Athanasios Meltsakos None Street Address Street Address 180 Second Street State Zip City State City East Providence 02914 RI Secretary Name Athanasios Meltsakos Athanasios Meltsakos Street Address Street Address 180 Second Street 180 Second Street City State Zip. Zip 02914 02914 East Providence RI East Providence RI FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Athanasios Meltsakos Street Address Street Address 180 Second Street Zip City State ZIDEast Providence RΙ 02914 Director Name Director Name Street Address Street Address State Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Par Value Number of Shares Class Series Par Value Number of Shares 1,000 NO PAR VALUE 200 Common No Par Value This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and correct File Date 1-16-04 Signature of Officer Athanasios Meltsakos Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED OR PRIN	TED IN BLACE)				
I. Corporate ID No.	2. Name	of Corporation	n			
104522		AC	1 RESTAURANT I	NC.		
3 Street Address Principal Business				City	State	Zip
770-772 HOPE STI	REET			PROVIDENCE	RI	02906
4 Business Phone No			5. State of Incorporation			6. SIC Gode
459-6735			RHODE IS	SLAND		
7. Brief Description of the Characte RESTAURANT	er of Business (Conducted in F	thode Island			
8. NAMES AND ADDRES	SSES OF TI	HE OFFIC	ERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES E Vice President Name	BEFORE USING ATTA	CHMENTS
ANTHANASIOS MEL	rsakos			NONE		
Street Address				Street Address		
180 SECOND STREI	ET					
City	State		Zip	City	State	Zip
EAST PROVIDENCE		RI	02914			
Secretary Name				Treasurer Name		
ATHANASIOS MELT	SAKOS			ATHANASIOS MELT	SAKOS	
Street Address				Street Address		
180 SECOND STRE	ET			180 SECOND STRE		
City .	State		Zip	City	State	Zip
CAST PROVIDENCE		RI	02914	EAST PROVIDENCE		02914
9. NAMES AND ADDRE! Director Name	SSES OF T	HE DIREC	CTORS (*X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATI	ACHMENIS
ATHANASIOS MELT	SAKOS			NONE Street Address		
180 SECOND STRE	ET					
City	State		Zip	City	State	Zip
EAST PROVIDENCE		RI	02914			
Duector Name				Daector Name		
NONE Street Address				NONE Street Address		
City	State		Zip	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BO)	CFOR ATTAC	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	·T)
Number of Shares	Class/Se	rics	Par Value	Number of Shates	Class/Senes	Par Value
1000 COM	MON	NO PA	R VALUE	200	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	5-8-03	
File Date	 -	• —
Check No.:	<u> </u>	
By:	21	
COR SECRETAR	Y OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

1

Signature of Officer Date
ATHANASIOS MELTSAKOS, President

Print or Type Name of Officer

Title of Officer

Form 630 12/02

Edward S. Inman. III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP-PTIZSE REUD-INSTRUCTIONS

riting reriou, junuary 1-march 1	•	riting ree: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Carparate ID No.	2. Name of Corporation
104522	ACM RESTAURANT INC.
3. Street Address Principal Business Offi	ice

770-772 Hope Street

4. Business Phone No.

Gity State Zip

Providence RI 02906
5. State of Incorporation 6. SIC Code

459-6735 RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhade Island

Restaurant

8. NAMES AND ADDRESSES OF President Name	THE OFFICERS ("X" BOX FOR		ACES BEFORE USING ATTA	ACHMENTS
Athanasios Meltsak	ns	Vice President Name None		
Street Address 102 Blackstone Bou	levard	Street Address		
City State Providence R		City	State	Zip

Secretary Name

Athanasios Meltsakos

Athanasios Meltsakos

Street Address

Street Address

102 Blackstone Boulevard

State

Zip

City

State

Zip

State

Zip

Providence RI 02906 Providence RI 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Athanasios Meltsakos None

Street Address

102 Blackstone Boulevard

City State Zip City State Zip

Providence RI 02906

Director Name

None

None
Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

200 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date
Athanasios Meltsakos, President

Title of Officer

₹

Print or Type Name of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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Corporate	11)	Νc	١.		
•	4	n		c	2	2

2 Name of Corporation
ACM RESTAURANT INC.

104722	Mon Medinon				
3 Street Address Principal Business C	Office		City	State	Zip
770-772 Hope S	treet	5. State of Incorporation RHODE ISLAND	Providence	RI	02906 6 SIC Cade
459-6735 Brief Description of the Character of	of Business Conducted in RI				
Restaurant B. NAMES AND ADDRESS Tresident Name	ES OF THE OFFICE	RS (*X* BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO	ORE USING ATTACH	MENTS
Athanasios Mel	tsakos		None Street Address		
102 Blackone B	oulevard	Zip	City	State	Zip
Providence executory Name	RI	02906	Freasurer Name		
Athanasios Mel	tsakos		Athanasios Mel Street Address	tsakos	
102 Blackstone	Boulevard State	Zip	102 Blackstone	Boulevard State	Zip
Providence Providence AND ADDRESS Director Name	RI ES OF THE DIRECT	02906 F ORS ("X" BOX FOR ATTAC	Providence CHMENT) FILL IN SPACES BI Director Name	RI EFORE USING ATTAC	02906 HMENTS
Athanasios Mel	tsakos		None Street Address		
102 Blackstone	Boulevard State	Zıp	City	State	Zip
Providence	RI	02906	Director Name		
None litreet Address			None Street Address		
lity	State	Zip	Cuy	State	Zip
IO. SHARES AUTHORIZED) ("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

200



1,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Common

No Par Value

Athanasios Meltsakos, President

Print or De Name of Office Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

104522

ACM RESTAURANT INC.

3. Street Address Principal Business Office

City

State RI

ZIp

770-772 Hope Street

02906 6. SIC Code

4. Business Phone No.

5. State of Incorporation

459-6735

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Athanasios Meltsakos

Restaurant

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Street Address

City

None

Providence

Street Address

102 Blackstone Boulevard

State

City Providence

02906 RI

Secretary Name

Street Address

Athanasios Meltsakos

City

102 Blackstone Boulevard

Athanasios Meltsakos Street Address

None

Street Address

Director Name

Street Address

None

Treasurer Name

102 Blackstone Boulevard Clly

State

Zip

Providence

02906 RI

Providence

RT

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name

Street Address

Director Name

Athanasios Meltsakos

102 Blackstone Boulevard

City

Providence

RI

02906

None

Street Address

City

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES

Class/Series

Par Value

1,000 NO PAR VALUE

100

Number of Shares

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

<u>Athanasios Meltsakos</u> Print or Type Name of Officer

President Title of Officer